

## PACKING PAYMENT form

51859 4624

		<b>DORAL B2G1F / DECEMBER VAP #501763</b>								
DIV	SIS#	ACCOUNT NAME	# RETAIL ACCOUNTS ON VAP	TOTAL #6M B1G1F DORAL FF/ FF100/ LT/ LT100	TOTAL #12M LIVE DORAL FF/ FF100/ LT/ LT100	PACKING PAYMENT (\$28)	CHECK (X) WHERE PAYMENT SHOULD BE SENT	SHIP DATE TO VAP RETAIL ACCTS:	ADDITIONAL ORDERING INFORMATION NEEDED (PO#s, etc.)	
		<b>S. SCHWALM</b>								
1626	529150	EAST PITTSSTON	20	8	4	\$168	<input type="checkbox"/> MGR/ <input type="checkbox"/> ACCT	SHIPPED: (Y / N)	N/A	
1622	332520	KEYSTONE TOBACCO	9	4	0	\$28	<input type="checkbox"/> MGR/ <input type="checkbox"/> ACCT	SHIPPED: (Y / N)	N/A	
1622	278580	HERKIMER WHOLE CO.	219	60	28	\$1,204	<input type="checkbox"/> MGR/ <input type="checkbox"/> ACCT	SHIPPED: (Y / N)	PO # HAS BEEN RECEIVED	
1622	533288	JONES MCINTOSH INC	95	0	0	\$0	NOT INCLUDED THIS PROMOTION	N/A	N/A	
1622	570300	SCHEIDELMAN, INC	72	0	0	\$0	NOT INCLUDED THIS PROMOTION	N/A	N/A	

EXAMPLE

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**FAX THIS FORM TO JUDY WHEN PROMOTION HAS BEEN SHIPPED TO RETAIL (PACKING PAYMENTS WILL THEN BE ISSUED)**